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APPLICATION NO. FILING DATE FIRST N			FIRST NAMED INVE		ATTORNEY DOCKET NO.	CONFIRMATION NO.
APPLICATION NO.			Joan M. Fallon		8016-4 CON	3060
10/730,567 TITLE OF INVENTION: M	12/08/2003 IETHODS FOR DIAGNOSI	NG AND TREAT!		MIA AND OTHER DY	SAUTONOMIC CONDITIC	ONS
APPLN. TYPE	SMALL ENTITY	ISSUE FI	EE P	UBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700		\$300	\$1000	09/12/2006
EXAMINER		ART UNIT		LASS-SUBCLASS		
LEITH, PATRICIA A		1655		424-198100		
"Fee Address" indica PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME ANI	n 37 CFR 3.11. Completion	ation form e of a Customer E PRINTED ON Telegraphy to assignee	or agents OR, alto (2) the name of a registered attorne 2 registered pater listed, no name w FHE PATENT (print data will appear on T a substitute for filit	single firm (having as y or agent) and the nar t attorneys or agents. It ill be printed. or type)	a member a 2 mes of up to f no name is 3 mee is identified below, the	e & Asmus document has been filed for
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